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From the Editor  
The DMAC of NCQA

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## From the Editor The DMAC of NCQA

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Is this title just more inside-the-beltway Washington jargon meant to obfuscate rather than clarify? Or, is it indicative of an important new development slated to begin January 2002? Let me first set the context for this beltway lexicon and outline its importance to all healthcare practitioners and policy makers.

The DMAC is the Disease Management Advisory Council composed of industry representatives, consumers, purchasers of disease management services, researchers, and government representatives. The DMAC has been advising the National Committee on Quality Assurance (NCQA), headquartered in Washington, D.C., on its proposed evaluation program for disease management. Historically, NCQA has been the nation's watchdog organization certifying and accrediting all kinds of managed care organizations for the last decade. NCQA has virtually created the accreditation process for managed care, signaling to the public and large purchasers that certain managed care organizations have met tough quality review criteria. Its nearest cousin in the hospital world, of course, is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) headquartered in Chicago, Illinois.

I am privileged to be a member of the DMAC for NCQA, and our group has been meeting regularly over the past year to lend assistance to this important public policy issue – namely, the accreditation of organizations working in the disease management field. First, what is meant by disease management? According to the NCQA, "Disease management is based on the recognition that for many patients the need for healthcare is ongoing and the required effort from the patient is significant such as with chronic conditions. Intensifying the support offered to those patients and practitioners can improve the process in outcomes of care. Disease management supports the patient's self-management. It uses evidence-based treatment information as a basis for providing coaching and know-how to the patient, timely information to the practitioner, and support for the relationship between patient and practitioner."<sup>1</sup>

NCQA experts note that disease management services usually do not include actual treatment of the patient's condition, such as prescribing medications or performing tests, but, rather, it extends this treatment by providing reminders about the plan and assistance in carrying it out. Furthermore, the functions of disease management are becoming an important part of the quality improvement and cost containment picture nationally in healthcare.

Why should an organization like the NCQA take on this new mantle of responsibility to accredit the disease management industry? While there clearly are economic and political reasons for NCQA to broaden its purview beyond managed care, I believe the central reason relates to the second IOM report described in this space last time ("The Vision for a National Quality Report," September 2001, Vol. 14, No. 3). In *Crossing the Quality Chasm*, the IOM noted how important the ongoing management of chronic illness would be in a smoothly functioning healthcare system of the future. The IOM explicitly called for expansion of disease management services and more research into the appropriate outcome measures to gauge its success.

In addition to my membership on the DMAC, disease management is important to the Jefferson Health System and our Office of Health Policy. Hospitals and integrated delivery systems under the NCQA disease management system may qualify as organizations seeking possible certification for their disease management services. Our Office has been the focus of intensive work on disease management at the national level with the publication of our multi-authored text in 1998 entitled, *Disease Management: A Systems Approach*,<sup>2</sup> edited by my colleague Warren Todd and me. Also, Jefferson Medical College provides Continuing Medical Education credit and endorses the annual National Managed Healthcare Congress Disease Management Meeting, last held in October 2001 in Boston, Massachusetts. Finally, the Office of Health Policy serves as the editorial locus of control for the journal, *Disease Management*, the only peer reviewed journal in the field published in the United States (Mary Ann Liebert, Inc., Larchmont, New York). In a word, we are a key stakeholder in this important policy discussion.

What then are some of the goals and features of the proposed NCQA accreditation and certification of disease management? Some of the major goals include the ability to give the purchasers of disease management services an independent evaluation and measurement of the success of these programs. It is hoped that NCQA's program will cover important areas of performance of disease management services with meaningful requirements and will report differential results such as full, one-year, or provisional accreditation. It is also hoped that the NCQA evaluation program will focus on patients and outcomes. For example, how does the disease management program affect the patients or participants? Does it measure and work to improve health status, use of services, clinical process or clinical outcome? How does the program operate? What kinds of services, including, for example, incoming and outgoing telephone interactions, does the organization provide? Is it scrupulous about confidentiality? Finally, it is hoped that the NCQA measurement system will foster a comparable measurement environment recognizing that currently, many disease management programs do not have consistent access to claims, pharmacy, or laboratory data, making it very difficult to specify measures based on those types of data.

In my consulting work with leading disease management companies such as American Healthways in Nashville, Tennessee, Coordinated Care Solutions in Coral Springs, Florida, and related vendors such as Medscape in Portland, Oregon, I have seen firsthand how these organizations try to build the most comprehensive clinical systems with detailed performance measurement tools and a feedback loop extending to each practitioner in their network. NCQA recognizes that many disease management organizations may not offer all of the services available, for example, under the American Healthways umbrella.

As a result, many types of entities are eligible to receive NCQA certification, which recognizes expertise in discreet functions within specific areas. For example, certification of a hospital, or a nurse call center, or even a pharmaceutical company, may mean that NCQA recognizes their ability to deliver limited services among six key functional areas. These functional areas include patient service, practitioner service, program content, clinical systems, measurement and quality improvement, and program operation. These functional areas are arrayed next to various certification options through patient certification, practitioner certification, contact certification, program design, and clinical systems certification. Organizations receiving accreditation from NCQA performed the entire list of functions in a

comprehensive, measurable manner. Organizations receiving certification may perform meaningful components of this entire array. In short, even the Jefferson Health System or a constituent hospital within the system may receive NCQA certification for disease management in the near future should we so desire.

While the details of the actual assessment process and the measurement grid are beyond the scope of this editorial, it is important to recognize that any organization wishing accreditation or certification must undergo a survey against all applicable requirements at least once every three years. However, in the future, NCQA may require annual reporting of actual patient survey results.

How might this NCQA survey process work early in January 2002? It is expected that the organization will identify the conditions or programs, for example, diabetes, asthma, high risk pregnancy or the like, for which it seeks accreditation or certification. It will submit online an electronic application documenting relevant information on the organization including the details of the disease management functions. Trained NCQA surveyors and experienced staff members will evaluate the organization's responses and documentation from a unique data collection tool designed by NCQA. There may well be on-site verification for portions of the review process itself. NCQA will then submit its report to the Review Oversight Committee (ROC) that consists of clinical experts external to NCQA with no conflicts of interest. This ROC will finalize compliance levels for each requirement and make an accreditation or certification decision. NCQA will then incorporate this determination as well as any changes requested by the ROC into a final report and final decision for the organization in question. Details of this process are available at NCQA's website, [www.ncqa.org](http://www.ncqa.org).

I, for one, am very happy to participate in this important policy making process to accredit and certify organizations working in the disease management arena. In other venues, I have called for a comprehensive and robust research agenda to demonstrate the effectiveness of disease management tools and technology.<sup>3</sup> I have also called for a reduction in the Balkanization of disease management, that is, its fractured nature with many organizations carving out one disease or one syndrome at a time.<sup>4</sup> I am extremely hopeful that the DMAC will be successful in helping NCQA to launch this ambitious project on a national level as early as January 2002. As usual, I am interested in your views and can be reached at my email address: [david.nash@mail.tju.edu](mailto:david.nash@mail.tju.edu).

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